

RECEIVED

JUL 16 2003

# Distribution and Direct Rollover Request

Refer to the instructions while completing this form. Use blue or black pen only.

If this form is incomplete or inaccurate, you may be asked to provide additional information before your distribution can be processed.

If you need to cross out an elected choice, please initial the change or the request may be returned for verification.

COMPANY 401(K) PLAN			341103-01
<u>Jefferson</u>	<u>Kathy</u>		<u>123-00-4567</u>
Last Name	First Name	MI	Social Security Number
<u>123 1st Place</u>			
Address			
<u>Wigham</u>	<u>WI</u>	<u>53150</u>	
City	State	Zip	
<u>(123) 456-7890</u>			
Daytime Phone			
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried			Mo Day Year <u>1</u> <u>3</u> <u>79</u> Date of Birth
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## Spousal Beneficiary Account

☐ If you acquired this account due to the death of your spouse, please check this box.

## Account Extension

An account extension identifies funds that were transferred to a spouse beneficiary or alternate payee due to divorce or death. If you have an account extension, enter it here \_\_\_\_\_. For assistance, please contact the Service Center at: 1-800-\_\_\_\_\_.

## Special Requests

- ☐ If you are completing a lump sum distribution request and a periodic payment request at the same time, check this box to ensure the lump sum distribution is processed first.
- ☐ If you currently receive periodic payments and are requesting an additional lump sum distribution, check this box.
- ☐ **Send by Overnight Mail** and deduct \$25.00 from my check for express charges. *Note: A street address must be provided. This option is not available for periodic payments.*
- ☐ **Send to the following Alternate Mailing Address** - Complete this section only if you want a distribution check mailed to a residential address OTHER than the one listed in the Participant Information section. You may not designate a bank or financial institution in this section.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Distribution Reason

- ☐ Severance of Employment ☒ Retirement Date 9/3/03 ☐ Age 59½
- ☐ Minimum Distribution (Age 70½) ☐ Previously rolled over amount
- ☐ In-Service ☐ Disability Date \_\_\_\_\_ (as defined in the Internal Revenue Code §72(m)(7) and/or the Plan Document)

Please read the Special Tax Notice Regarding Plan Benefits for more information regarding tax implications of rollovers and distributions.

Your employer's Plan Document may impose restrictions on distributions. Please contact the Plan Administrator to determine when and/or under what circumstances you are eligible to receive distributions.

# Distribution and Direct Rollover Request

Jefferson | Kathy | 123-00-4567  
 Last Name First Name MI Social Security Number

## Distribution Method for Cash

### Full Distribution (select one)

☐ Full Distribution to me, or

☒ Roll over my entire account to (one of the options below must be selected):

☐ Plan

☒ IRA

☐ Periodic Payment (also complete the ACH section, if applicable)

Payment Start Date \_\_\_\_\_

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Payment of an Amount Certain \$ \_\_\_\_\_

☐ Payment of a Period Certain (Years) \_\_\_\_\_

### Partial Distribution (select all that apply)

☐ Partial Distribution to me of \$ \_\_\_\_\_

☐ Gross amount before taxes, or

☐ Net amount after taxes

☐ Prorate my distribution against all available money sources and core investment options. After-tax contributions (cost basis) will be distributed first, and the remainder will be prorated against all available money sources; or

☐ Prorate my distribution across the money sources listed below. (Subject to plan availability)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Roll over part of my account to (one of the options below must be selected):

☐ Plan

☐ IRA

Partial Amount of \$ \_\_\_\_\_ (minimum \$200.00)

## NAME AND ADDRESS OF RECEIVING INSTITUTION

My Bank  
 Name of Trustee or Custodian for the New Plan or IRA  
123 Dollar St.  
 Mailing Address Wigham WI 53150  
 City State Zip

Account Number

123-456-7890

Phone Number

**Note:** Your signature on this form requesting a rollover acknowledges that you have confirmed that your New Plan or IRA will accept your rollover. If a rollover has been processed but is rejected and returned to the Service Center, the rollover cannot be deposited into your account but will be processed as a taxable distribution and a check will be issued to you. After-tax contributions may not be rolled into 403(b) or 457 plans.

## Distribution and Direct Rollover Request

Jefferson

Kathy

123-00-4567

Last Name

First Name

MI

Social Security Number

### Participants Over 70½

If you are over 70½ and are requesting a direct rollover of the full amount of your account balance, please select one of the options below. Note: Minimum distributions cannot be rolled over.

- ☐ I have already taken my minimum distribution for the year.
- ☐ I am still working and am not required to take my minimum distribution.
- ☐ I will take my minimum distribution now in the amount of \$\_\_\_\_\_.

Please also complete the Distribution Withholding section.

It is solely your responsibility to ensure compliance with applicable required minimum distribution laws and regulations. Consult your tax and/or legal adviser for further information.

☐ ACH - only available on periodic payments

☐ Checking Account ☐ Savings Account

Financial Institution Name

Account Number

ABA Number

Financial Institution Mailing Address

City

State/Zip Code

Attach VOIDED  
check here.

**Automated Clearing House (ACH)** – Complete this section only if you want your check to be electronically deposited into your checking or savings account. You may not designate a business account or an IRA. You can only select ACH if you selected a periodic payment or a periodic payment Distribution Method. Complete the bank name, account number, ABA routing number, bank mailing address, city, state, zip code, and attach a voided check to the Distribution Form where indicated.

ACH is a form of electronic funds transfer by which the Service Center can transfer your payments directly to your financial institution. Allow at least 15 days from the date the Service Center receives your properly completed Distribution Form to begin using ACH for your payments. Upon receipt of a properly completed Distribution Form, the Service Center will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 days. During the pre-notification process, your financial institution will confirm with the Service Center that the account and routing information you submitted is correct and that it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payments are withdrawn from investment options that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your periodic payments, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with the Service Center.

If your financial institution rejects the pre-notification, you will be notified and your checks will be mailed directly to you until you submit an Electronic Funds Transfer (ACH) form. As a result, it is important that you continue to notify the Service Center in writing of any changes to your mailing address.

By choosing an ACH credit to your bank account, you are authorizing the Service Center to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. The Service Center will make payments in accordance with the directions you have specified on the Distribution Form until such time that you notify the Service Center in writing that you wish to cancel the ACH agreement. You must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of your subsequent payments.

The Service Center reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with the Service Center.



## Distribution and Direct Rollover Request

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It is your obligation to notify the Service Center of any address or other changes affecting your electronic fund transfers during your lifetime. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By selecting an ACH method of delivery, you acknowledge that the Service Center is not liable for payments made by the Service Center in accordance with a properly completed Distribution Form. By selecting the ACH method, you are authorizing and directing your financial institution not to hold any overpayments made by the Service Center on your behalf, or on behalf of your estate or any current or future joint accountholder, if applicable.

### Distribution Withholding

#### FEDERAL

**Direct payment to you:** A 20% mandatory federal income tax withholding will apply to all individual taxable distributions with the exception of minimum distribution. Additional amounts may be withheld at your request. \$ \_\_\_\_\_ or \_\_\_\_\_ %

**Direct payment to you for minimum distribution:** a 10% federal income tax withholding will apply to the taxable minimum distribution amount made payable to you unless you elect NOT to withhold.

☐ Do NOT withhold federal tax from my required minimum distribution.

**Direct Rollover:** No federal income tax will be withheld for direct rollovers.

**Combination direct payment to you/direct rollover:** A 20% mandatory federal income tax withholding will apply to the taxable amount made payable to you.

**Direct Periodic Payment to you:** If you are electing a periodic payment for a period certain of 10 years or longer, you may complete and attach IRS Form W-4P.

The IRS may impose an additional 10% tax penalty for withdrawals by participants under the age of 59½.

#### STATE

If you live in a state that mandates state income tax withholding, it will be withheld. If this section is not completed, state income tax will not be withheld unless you reside in a state that mandates income tax withholding.

☐ Check here if you live in a state that does not mandate state income tax withholding and would like state taxes withheld.

If you would like additional state taxes withheld, indicate amount. \$ \_\_\_\_\_ or \_\_\_\_\_ %

#### Income Tax Withholding for Non-Resident Aliens

If you are a nonresident alien, in general your payment will be subject to federal income tax withholding at the rate of 30%. If you wish to elect a reduced rate of withholding because your country of citizenship has entered into a tax treaty with the U.S., you may do so on Form W-8BEN.

### Outstanding Loan Payoff

☐ Attached is a cashier's check or money order to pay off my loan. For a payoff amount, please call the Plan Service Center. Please check with the Plan Service Center to verify that the loan has been paid off before you submit this form.

☐ Treat my outstanding loan (principal and interest) as a taxable distribution at this time based on the Distribution Reason.

If one of the boxes above is not checked, then the entire loan amount (principal and interest) will be deducted from your distribution and/or rollover and reported as a taxable distribution.

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JeffersonKathy123-00-4567

Last Name

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Social Security Number

## Your Consent and Signature

My signature acknowledges that I have received, read, understand and agree to all pages of this form and the Special Tax Notice Regarding Plan Benefits and confirm that all information that I have provided is true and correct. If I am rolling over to another employer's Plan, I have verified they accept these assets.

my signature7/10/03

Participant Signature

Date

Participant return to:  
Plan Administrator

## Your Employer's Authorization

- ☒ I certify that the recordkeeping system has the accurate termination date and vesting percentage, if applicable, and participant address. Please process the request using this information.

OR

- ☐ I certify that the participant's accurate vested percentage is \_\_\_\_\_%. Please use this when processing the distribution.

The Plan Administrator certifies that all distribution information provided is accurate. This request is in compliance with Plan provisions and applicable federal law.

Plan Administrator return to:

Service Center

P.O. Box

Denver, CO

Phone: 1-800-

Fax: 1-303-

Web: www.

authorized signature7/16/03

Authorized Plan Administrator Signature

Date